

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012132

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

273  
FILED MAR 21 1962

Primary Registration District No.

3051

Registrar's No.

45

VS 300  
Rev. 4/59

1 0795

2 8120

3 1

4 1

5 1

6

7 1

8 2

9 4200

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

PERRY

b. CITY (If outside corporate limits, give TOWNSHIP only)

PERRYVILLE

Length of stay in 1b

33 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

PERRY CO MEMORIAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

ILL

b. COUNTY

RANDOLPH

Inside Limits

Yes ☐ No ☒c. CITY  
OR  
TOWN

KASKASKIA ISLAND

d. STREET  
ADDRESS

(If outside, give location)

PO. ST. MARY'S MO. EARL

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

LENA

Middle

SARAH

Last

ROTH

4. DATE  
OF  
DEATH

Month

MARCH

Day

12

Year

1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2/18/90

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

NEUNERT ILL

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

HENRY BOGERT PHOL

## 13b. MOTHER'S MAIDEN NAME

AMELIA KAUFMANN

## 14. NAME OF HUSBAND OR WIFE

CHARLES A. ROTH

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Edna Roth St. Mary's Mo. EARL

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Severe cardiac decompensation

## INTERVAL BETWEEN ONSET AND DEATH

1 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial infarction

DUE TO (c)

Arterio sclerotic heart disease and coronary insufficiency

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1962 Feb. to March 11/62 and last saw her alive on 3/11/62

Death occurred at 7:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Joseph F. Rutkowski MD

(Degree or title)

## 22b. ADDRESS

610 Rozier Street Ste. Genevieve, Missouri

## 22c. DATE SIGNED

3/12/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

3/14/62

## 23c. NAME OF CEMETERY OR CREMATORY

HOLLY CROSS

## 23d. LOCATION (City, town, or county)

STE. GENEVIEVE MO

## 24. FUNERAL DIRECTOR

Fred Baker St. Genevieve Mo

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

3-14-62

## 26. REGISTRAR'S SIGNATURE

Joseph J. Zollner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 22 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Adrian J. Ehler*

Licensed Embalmer No. 4740

P. O. Address Sta. Genevieve Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.